## DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION\*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et sea, below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled	
DIAGNOSIS OF PRE-CANCEROUS CONDITIONS USING PCDGE AGENTS	

DIAGNOSIS OF PRE-CANCERO	US CONDITIONS USING P	CDGF P	IGEN 13				
and for which a patent application:							
☐ is attached hereto and include	s amendment(s) filed on (if ap	oplicable)					
was filed in the United States with amendment(s) filed on (		for declaratio	n not accompanying applic	cation)			
was filed as PCT International		V23191 d	on July 16, 2004 a	and was amended a	under PCT Artic	le 19 on (if applicable)	
I hereby authorize and request my a	= =						
date and application number of said	•		F			,	
I hereby state that I have reviewed a amendment referred to above		of the abo	ove identified app	lication, including	the claims, as an	nended by any	
I acknowledge the duty to disclose Regulations,§1.56.	information known to me to b	be mater	ial to patentability	as defined in Titl	e 37, Code of Fe	deral	
I hereby claim foreign priority bene certificate listed below and have als	so identified below any foreig	ates Cod gn applic	le, §119(a)-(d) of ation for patent or	any foreign applic r inventor's certific	ation(s) for pate ate having a fili	nt or inventor's ng date before that	
of the application on which priority	is ciaimed:						
EARLIEST FOREIGN	APPLICATION(S), IF ANY	, FILED	PRIOR TO THE	FILING DATE (	OF THE APPLIC	CATION	
APPLICATION NUMBER	COUNTRY		DATE OF FILING (day, month, year)		PRIORITY CLAIMED		
					YES □	NO □	
			,		YES 🗆	NO 🗆	
I hereby claim the benefit under Tit	le 35, United States Code, §1	119(e) of	any United State	s provisional appli	cation(s) listed b	pelow.	
PROVISIONAL APP	LICATION NUMBER			FILIN	G DATE		
60/489,035	9,035 July 21, 2003						
I hereby claim the benefit under Tit matter of each of the claims of this paragraph of Title 35, United States as defined in Title 37, Code of Fedenational or PCT international filing	application is not disclosed in a Code §112, I acknowledge to eral Regulations, §1.56 which	n the pric	or United States a to disclose inform	pplication in the nation known to m	nanner provided e which is mater	by the first ial to patentability	
NON-PROVISIONAL	FILING DATE		STATUS				
APPLICATION SERIAL NO.				PENDIN			
						• • • • • • • • • • • • • • • • • • • •	
		1					

for use only when the application is assigned to a company, partnership or other organization.

SEND CORRESPONDENCE TO:

JONES DAY

Error! Reference source not found.

PTO Customer No. Error! Reference source not found.

DIRECT TELEPHONE CALLS TO:

JONES DAY DOCKETING 212-901-9028

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR	Kinch	Michael	S.		
	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Laytonsville	Maryland	U.S.A.		
	POST OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE	
	ADDRESS	19627 Hoover Farm Drive	Laytonsville	MD	20882	
		SIGNATURE OF INVENTOR 201		DATE		
	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME		
	RESIDENCE & CITIZENSHIP	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET	СПҮ	STATE OR COUNTRY	ZIP CODE	
		SIGNATURE OF INVENTOR 202	DATE			
2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME		
	RESIDENCE & CITIZENSHIP	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE	
		SIGNATURE OF INVENTOR 203	•	DATE		
	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME		
l	RESIDENCE & CITIZENSHIP	спу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET	СПУ	STATE OR COUNTRY	ZIP CODE	
		SIGNATURE OF INVENTOR 204		DATE		
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME		
	RESIDENCE & CITIZENSHIP	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET .	СПУ	STATE OR COUNTRY	ZIP CODE	
		SIGNATURE OF INVENTOR 205	DATE			